U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Ope O	nly
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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 3093	2. Fiscal Year Covered From:	
	21/12/2004 Through: 12/31/2005	
Name and address of person filing.	4. Name, file number, and address of labor organization.	
Name Blair Bess	Name AFTZA	
	Labor Organization File Number 000-030	
P.O. Box, Bidg., Room No., if any	P.O. Box, Building and Room Number, if any	
Street 23407 Bernick Place	Street 660 MADISA AUGULE	
City Valencia	City NEW YORK	
State CA ZIP Code + 4 9/354-2464	State W ZIP Code + 4 10016	
5. Position in labor organization. NATIONAL AND LOCAL (LOS ANGELS) BOARD MENSER		
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests		
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.		
Name and address of Employer (including trade name, if any).	7.a. Nature of interest, Transaction, or Income.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any	7.b. Amount.	
Street		
City		
State ZIP Code + 4		
Signature		
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, thue, correct, and complete. (See the section on penalties in the instructions.)		
Signed	On 07-100-105 (310) 293-7800 Date Telephone Number	

Name of Person Fiting Blair Bess	File Number U- 3093	
B. Held an interest in or derived income or economic benefit with monetary visubstantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is act (2) any part of which consists of buying from or selling or leasing directly or indealing with your labor organization or with a trust in which your labor organization.	rwise dealing with the business ively seeking to represent, or directly to, or otherwise	
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name International Creative Management (ICM)	a. Labor Organization	
Trade Name, if any:	b. Trust	
P.O. Box, Bldg., Room No., if any	c. Employer	
Street 8942 Wilshive Barkuland		
City Beverly 41/15 State CARIFARMA ZIP Code +4 90211		
State CANIFOLMA ZIP Code +4 90211		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name SEE IIA	10M is a takent agency that deals with studies, networks, and advertising agencies that employ actors:	
Trade Name, if any:		
P.O. Box, Bldg., Room Nc., if any		
Street	11.b. Approximate dollar value of such dealing. Walve of Dealings Cake	
City	12.a. Nature of interest held or income received.	
the transfer of the control of the c		
State ZIP Code + 4	My agent took me out to dinner three times ouring the fiscal year for a total value of approximately \$150.00	
State ZIP Code + 4	My agent took me out to dinner three times outing the fiscal year for a total value of approximately \$150.00	
State ZIP Code + 4	My agent took me out to dinner three times ouring the fiscal year for a total value of approximately \$150.00	
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of mone	12.b. Amount.	
C. Received from any employer (other than an employer covered unc	12.b. Amount.	
C. Received from any employer (other than an employer covered undor from any labor relations consultant to an employer any payment of mone. 13.a. Name and address of Employer or Labor Relations Consultant	12.b. Amount. Per parts A and B above) by or other thing of value.	
C. Received from any employer (other than an employer covered undor from any labor relations consultant to an employer any payment of mone 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	12.b. Amount. Per parts A and B above) by or other thing of value.	
C. Received from any employer (other than an employer covered under the consultant to an employer any payment of mone of from any labor relations consultant to an employer any payment of mone of the consultant (including trade name, if any). Name	12.b. Amount. Per parts A and B above) by or other thing of value.	
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of mone of the foliations consultant to an employer any payment of mone of the foliations consultant (including trade name, if any). Name Trade Name, if any:	12.b. Amount. Per parts A and B above) by or other thing of value.	
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of mone. 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	12.b. Amount. Der parts A and B above) by or other thing of value.	
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of mone 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	12.b. Amount. Der parts A and B above) by or other thing of value.	

Name of Person Filling Blair 86.55	File Number U- 3073	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name International Creative Management (ICM)	a. Labor Organization	
Trade Name, if any:	b. Trust	
P.O. Box, Bidg., Room No., if any	c. Employer	
Street 8942 Wilshive Boulevard		
State CALIFORNIA ZIP Code +4 GOZII		
State CALIFORNIA ZIP Code + 4 40311		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing. 11.a. 15 C. fale + engacy that REAS with borion	
Name Set 11 A	10M is a talent agency that deals with wright Studios, networks, and adventising agencies that employ actors.	
Trade Name, if any:	omping across	
P.O. Box, Bidg., Room No., if any		
Street	11.b. Approximate dollar value of such dealing. Ualue Unknown	
City	12.a. Nature of interest held or income received.	
State ZIP Code + 4	My agent at 10M allowed me use of a prime of his vacation home for 5 boys at an approximate value of \$900.	
	12.b. Amount. (a 1900 LOO	
C. Received from any employer (other than an employer covered unde	er parts A and B above)	
or from any labor relations consultant to an employer any payment or money	or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., If any		
Street		
City		
State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	